

INTERFACILITY TRANSPORT TASK FORCE

MEETING

JUNE 21, 2005 LITTLETON, NH

Members present:

Dave Dubey, Berlin EMS/ EMS Coord. Board; Jonathan Dubey, Berlin EMS; Clay Odell, NHBEMS; Kim Thayer, Littleton Reg. Hosp.; Kurt Lucas, Littleton Reg. Hosp.;

Members excused:

Robin Gagnon, Woodsville Ambulance; Scott Howe, Weeks Medical Center; Deanna Howard, DHMC, Alisa Butler, DHHS - Rural Health; Jean McGovern, Littleton Regional; Nick Mercuri, LRGH/Trauma Medical Review Comm.; Adam Smith, Ross Ambulance; Michelle Willette, Stewarts Ambulance; David Santamaria, Stewarts Ambulance, Jeanne Erickson, Speare Memorial Hospital

- Clay Odell opened the meeting by reporting that he had forgotten to send out reminders about the meeting until yesterday. Between that and the EMS Management Lecture Series going on today that several members were participating in attendance at today's meeting might be low.
- The major effort of today's Task Force meeting was the drafting of work plans for several of the priority area identified by the Task Force in the May meeting. The draft work plans are attached to this document. The priority areas addressed at this meeting were:
 1. *Eliminate decision-making based on ability to pay. Pursue a process that is blinded to insurance information for ambulance service acceptance or refusal of a transfer request.*

Discussion of this priority centered around how to pursue this initiative. It would be desirable for the ambulance service owner/managers to recognize the need for this principle and to agree amongst themselves to adhere to the principle. If that were unsuccessful the hospitals might collectively choose to exercise the option to withhold this information from the ambulance service when requesting interfacility transport. A third route would be pursuing legislative requirement for this initiative. The Task Force wishes to pursue the first method at this time.

The group also discussed issues related to making a strong case in favor of this initiative.

2. *Draft a generic decision tree to match patient needs with ambulance resources. This will address issues of clinicians complicating the acquisition of an ambulance because they request levels of care that are higher than the patient really needs.*

Clay introduced a working document that was recently distributed by the National Highway and Transportation Safety Administration (NHTSA)

regarding a national effort to create Interfacility Transport Guidelines. Part of that effort includes more clearly matching levels of patient acuity to clinical provider levels. The Task Force will use this document and similar efforts in NH to come up with an appropriate tool.

3. *Investigate the sharing of crew resources between services for episodes where a full crew is not available but an appropriate EMS provider from another service is ready and willing to serve as a crew member. Two areas to explore are inter-service agreements and a separate entity to "rent" EMS providers as needed.*

Group discussion centered on the need for expert opinion regarding the feasibility of this concept. It is difficult for individual ambulance services to get a consistent response from their insurance representatives. Sources to consider contacting include; NH Municipal Association, professional nursing agency, Doug Wolfberg, Ham Robbins, a paramedic from Maine who reportedly has some experience with this issue. Also an Internet search might be useful.

- Next meeting: The next meeting is scheduled for July 19, 2005 at 10:00 at Littleton Regional Hospital. The task force appreciates Littleton Regional Hospital's continuing support for this committee's meetings.

WORK PLAN

ELIMINATE DECISION-MAIKING BASED ON ABILITY TO PAY

OBJECTIVE: Pursue a process that is blinded to insurance information for ambulance service acceptance or refusal of a transfer request.

TASK	ASSIGNED TO
<ul style="list-style-type: none">• Conduct research:<ul style="list-style-type: none">• Hospital authority to withhold insurance information• NHBEMS authority• Other business-legal issues	Clay / Nick Clay Clay
<ul style="list-style-type: none">• Draft agreement for service leaders to consider	Dave
<ul style="list-style-type: none">• Task Force review draft agreement	
<ul style="list-style-type: none">• Consult with Region 5 Council on support of the initiative	Kurt
<ul style="list-style-type: none">• Set up a meeting to discuss the initiative with Service Leaders	
<ul style="list-style-type: none">• Meet with hospitals pending a positive outcome of the meeting with the Service Leaders	

WORK PLAN

CREATE A DECISION TREE

OBJECTIVE: Draft a generic decision tree to match patient needs with ambulance resources. This will address issues of clinicians complicating the acquisition of an ambulance because they request levels of care that are higher than the patient really needs.

TASK

- Draft a decision tree
- Present drafts to IFT Task Force
- Submit draft to EMS Medical Control Board
- Conduct Education
 - Hospitals & physicians
 - Ambulance services

ASSIGNED TO

Dave,
Michelle & David
Clay (NHTSA draft)

WORK PLAN

EXPLORE MECHANISM FOR CREW-SHARING

OBJECTIVE: Investigate the sharing of crew resources between services for episodes where a full crew is not available but an appropriate EMS provider from another service is ready and willing to serve as a crew member. Two areas to explore are inter-service agreements and a separate entity to “rent” EMS providers as needed.

TASK	ASSIGNED TO
<ul style="list-style-type: none">• Get expert opinion regarding:<ul style="list-style-type: none">Payroll/wage issuesMedical liability coverageWorkers comp insurance	Clay
<ul style="list-style-type: none">• Research NH Licensure requirements	Clay
<ul style="list-style-type: none">• Report findings to IFT Task Force	